

Exhibit 1 to NewLight Healthcare, LLC's Motion to Intervene

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



20161101021114250  
 11/01/2016 09:25:45 AM  
 Bk: Pg:0 Pgs:1 UC1  
 State of Oklahoma  
 County of Oklahoma  
 Oklahoma County Clerk  
 Carolyn Caudill

20161101021114250  
 Filing Fee: \$10.00

11/01/2016 09:25:45 AM  
 UC1



THE ABOVE SPACE IS FOR THE FILER'S USE ONLY

A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

**Ty Johnson (214-615-2001)**

B. E-MAIL CONTACT AT FILER (optional)

**tjohnson@hallrender.com**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Ty Johnson**  
**Hall, Render, Killian, Heath & Lyman, P.C.**  
**1701 N. Market Street, Suite 200**  
**Dallas, Texas 75202**

1. DEBTOR'S NAME; Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any word of the Debtor's name).

OR 1a. ORGANIZATION'S NAME

**Cimarron County Health Services Authority**

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

**100 Ellis Avenue**

CITY

**Boise City**

STATE

**OK**

POSTAL CODE

**73933**

COUNTRY

**USA**

2. DEBTOR'S NAME; Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any word of the Debtor's name).

OR 2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME; (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b)

OR 3a. ORGANIZATION'S NAME

**NewLight Healthcare, LLC**

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

**3267 Bee Caves Road, Suite 517**

CITY

**Austin**

STATE

**TX**

POSTAL CODE

**78746**

COUNTRY

**USA**

4. COLLATERAL: This FINANCING STATEMENT covers the following collateral:

**all present and future accounts receivable of Debtor and the proceeds therefrom.**

5. Check only if applicable and check only one box: Collateral is		<input type="checkbox"/> held in a Trust (see instructions)	<input type="checkbox"/> being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable and check only one box	
<input type="checkbox"/> Public Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):		<input type="checkbox"/> Lessee/Lessor	<input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA			
001718/000001			